

APR 25 2005

Practitioner's Docket No. 0103.11

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jeffry G. Weers

Application No.: 10/616,448

Group No.: 1617

Filed: 07/08/2003

Examiner: Edward Webman

For: PHOSPHOLIPID BASED POWDERS FOR INHALATION

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$1,020.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

with sufficient postage as first class mail.

37 C.F.R. § 1.10*

as "Express Mail Post Office to Addressee"

Mailing Label No. (mandatory)

TRANSMISSION

XX facsimile transmitted to the Patent and Trademark Office, (703) 872-9306

Date:

4/25/05

Signature

Kathy Honner

Kathy Honner
(type or print name of person certifying)

* Only the date of filing (1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under 1.8 continues to be taken into account in determining timeliness. See 1.703(f). Consider "Express Mail Post Office to Addressee" (1.10) or facsimile transmission (1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

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See Payees
Only

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	9	- 20	= 0	x \$ 50.00	= \$	0.00	
INDEP.	1	- 3	= 0	x \$ 200.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$1,020.00 to Deposit Account No. 500348.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 500348.

If an additional fee for claims is required, charge Account No. 500348.

Date:

25 APR 2005

Reg. No.: 45,302
Tel. No.: 650-631-3100
Customer No.: 21968



Signature of Practitioner
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